

**INDEPENDENT CLAIM
CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* * *		* * *		* * *	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8	1						58						
9	1						59						
10	1						60						
11							61						
12		1					62						
13	1						63						
14	1						64						
15	1						65						
16	1						66						
17	1						67						
18							68						
19							69						
20							70						
21							71						
22							72						
23		1					73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30		1					80						
31							81						
32							82						
33	1						83						
34		1					84						
35		1					85						
36		1					86						
37		3					87						
38		4					88						
39		3					89						
40	1						90						
41		1					91						
42		1					92						
43		1					93						
44		2					94						
45		4					95						
46		3					96						
47							97						
48							98						
49							99						
							100						
							TOTAL IND.						
							TOTAL DEP.						
							TOTAL CLAIMS						